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PETER S. CANELIAS****TEL: (212) 223-9654****FAX: (212) 223-9651****FACSIMILE TRANSMITTAL SHEET**

TO:	Commissioner for Patents	FROM:	Peter Canelias
COMPANY:	USPTO	DATE:	9/16/2010
FAX NUMBER:	571-273-8300	TOTAL NO. OF PAGES INCLUDING COVER:	22
PHONE NUMBER:		SENDER'S REFERENCE NUMBER:	AS2
RE:	Amendment and response to Office Action; U.S. Patent Application Serial No. 10/798,079	YOUR REFERENCE NUMBER:	10/798,079

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

CONFIDENTIAL

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Transmitted with this cover sheet are:

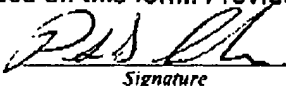
1. Amendment Transmittal Letter (1 pg.);
2. Amendment and response to office action (19 pgs.)
3. Certificate of Transmission (1 pg.)

all in response to an office action in respect of U.S. application serial no. 10/798,079.

Thank you for your assistance.
Peter Canelias, reg. no. 40,547

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NEW YORK, NEW YORK 10170

SEP 16 2010

AMENDMENT TRANSMITTAL LETTER (Small Entity)					Docket No A52	
Applicant(s): Aaron Charles Newman; Emiliano Berenbaum						
Application No. 10/798,079	Filing Date 03/11/2004	Examiner Paul Kim	Customer No. 31097	Group Art Unit 2161	Confirmation No. 5342	
Invention: SYSTEM FOR PROTECTING DATABASE APPLICATIONS FROM UNAUTHORIZED ACTIVITY						
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application.						
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	7 -	88 =	0	x \$26.00	\$0.00	
INDEP. CLAIMS	1 -	14 =	0	x \$110.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 501422 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Signature Peter S. Canelias, reg. no. 40,547 Law Offices of Peter S. Canelias 420 Lexington Avenue, Suite 300 New York, NY 10170 Tel: (212) 223-9654 Fax: (212) 223-9651			Dated: September 16, 2010			
<div style="border: 1px solid black; padding: 5px;"> <p>I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</p> <p style="text-align: center;">(Date)</p> <p style="text-align: center;">_____ Signature of Person Mailing Correspondence</p> <p style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</p> </div>						

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